

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Deborah A. MARTINO R.E.
BUSINESS STREET ADDRESS: 3190 SW 116th Ave., DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: 11 ZIP 11
BUSINESS PHONE: 954-483-6361 or 954-723-0087
DESCRIBE TYPE OF BUSINESS: R.E. AL ESTATE BROKER
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Deborah A. MARTINO</u>	<u>3190 SW 116th Ave.</u>	<u>DAVIE, FL 33330</u>	<u>483-6361</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Deborah A. Martino</u> Print Owner or Officers Name and Title	<u>Deborah A. Martino</u> Signature of Owner or Officer
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Office Use Only: Date <u>9/8/99</u> Category <u>151002</u> Fee <u>\$115.50</u> Rec# _____		New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>00-12809</u>	Control # <u>11043</u>	Zoning <u>R-1</u>
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval _____ Date _____		
Town Council Date _____ Approved _____ Denied _____		
Tabled To _____ Approved _____ Denied _____		
TOWN CLERK APPROVAL _____		